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N. J. Department of Labor - Division of Employer Accounts, PO Box 913, Trenton, NJ 08625-0913

Continuation Sheet for Listing Client Companies

1. Leasing Company Taxpayer ID

0 - - - / -

A. Client Company Name: _____

B. Client Company Address (Physical Location): _____

C. Client Company Tax Payer ID: 0 - - - / -

D. Client Company Economic Activity: _____

E. Effective Date of Leasing Agreement: _____ Duration of Leasing Agreement: _____

F. Will this client company continue to report wages/remuneration under its own taxpayer ID after the effective date of the leasing agreement?

☐ Yes ☐ No

If yes, calculate percentage of employees being leased and enter that percentage in line 'G'. If no, enter 100% in line 'G'.

G. Percentage of client company's work force being leased: _____ %

A. Client Company Name: _____

B. Client Company Address (Physical Location): _____

C. Client Company Tax Payer ID: 0 - - - / -

D. Client Company Economic Activity: _____

E. Effective Date of Leasing Agreement: _____ Duration of Leasing Agreement: _____

F. Will this client company continue to report wages/remuneration under its own taxpayer ID after the effective date of the leasing agreement?

☐ Yes ☐ No

If yes, calculate percentage of employees being leased and enter that percentage in line 'G'. If no, enter 100% in line 'G'.

G. Percentage of client company's work force being leased: _____ %

A. Client Company Name: _____

B. Client Company Address (Physical Location): _____

C. Client Company Tax Payer ID: 0 - - - / -

D. Client Company Economic Activity: _____

E. Effective Date of Leasing Agreement: _____ Duration of Leasing Agreement: _____

F. Will this client company continue to report wages/remuneration under its own taxpayer ID after the effective date of the leasing agreement?

☐ Yes ☐ No

If yes, calculate percentage of employees being leased and enter that percentage in line 'G'. If no, enter 100% in line 'G'.

G. Percentage of client company's work force being leased: _____ %

A. Client Company Name: _____

B. Client Company Address (Physical Location): _____

C. Client Company Tax Payer ID: 0 - - - / -

D. Client Company Economic Activity: _____

E. Effective Date of Leasing Agreement: _____ Duration of Leasing Agreement: _____

F. Will this client company continue to report wages/remuneration under its own taxpayer ID after the effective date of the leasing agreement?

☐ Yes ☐ No

If yes, calculate percentage of employees being leased and enter that percentage in line 'G'. If no, enter 100% in line 'G'.

G. Percentage of client company's work force being leased: _____ %

Signature: _____ Title: _____ Date: _____